CHAPTER V
SUMMARY AND CONCLUSIONS

Self-concept as a construct to explain and understand human behaviour is a subject of much discussion and investigation. In recent years there has been a proliferation of research in this area, indicating that it is multifaceted in nature. Side by side there has been a growing need for reliable and valid tools to measure this construct to facilitate further research. The usefulness of this construct has been demonstrated by research in diverse areas such as academic achievement and interpersonal functioning, psychopathology and progress in psychotherapy.

The objective of the present study was to evolve as comprehensive a scale as possible for assessing the multiple aspects of self-concept for use on the general population and to study its applicability in the clinical set up.

A review of the available relevant literature indicated the major trends in the area of tool construction as well as the existing lacunae. An attempt was made to take cognizance of these to overcome as many of them as possible while planning the study. The steps undertaken were as follows:

1. An attempt was made to scrutinise the available empirical tools on the various aspects of self. All
those aspects of self that were considered important in understanding the clinical population were selected. They were -

* 1. Personal Self
* 2. Family Self
* 3. Social Self
4. Self Acceptance
5. Self Confidence
6. Self Actualisation
7. Causal Attribution to Self or External Forces
8. Social Desirability

(* in terms of self esteem).

2. Two hundred and twenty items from 10 inventories were selected to represent these 8 aspects of self. The items were scrutinised for replication of content and their cultural relevance. All those items that were ambiguous or vague were eliminated and complex items were reworded. Since the format of the items differed, all the items were converted into statement form and 50% of the items were positively worded and 50% negatively worded to control for acquiescence response set. The items were given to a Professor of English, (a) to check the sentence structure (b) to see if the core content was retained in the items where changes were affected.

3. A Likert type 5 point scale was used. Higher scores indicated a better self-concept.

4. Then these 220 items were given to 5 judges with more
than 10 years of clinical experience for (1) judging the meaningfulness of the items for the Indian set up (2) judging the comprehensibility of the items by a normal literate adult, (3) judging whether the items represented the claimed aspects of self (4) checking the suitability of the format of the statement to the response categories (5) checking whether the changes effected in the sentences were appropriate. Based on the agreement of 3 or more judges 214 items were retained for the first try out. The content validity of the items was taken into account to a certain extent at this stage itself.

5. The arrangement of items pertaining to the 8 aspects of the scale included the first three items of one subscale followed by the three items of another subscale and so on. A demographic Data Sheet and instructions for the Self-Concept Scale were also prepared.

6. A pilot study was carried out with 30 subjects (15 male and 15 female) who were conversant in English, had 10 years of education and were within the age range of 20 to 39 years. The pilot study resulted in the modification of 2 items and the inclusion criterion of education to 12 years.

7. Data were collected on 350 subjects from the normal population within an age range of 20-39 years, with 12 years of education. There was an equal representation of sexes. The proformae were scored and 328 of the total returns were found to be completely valid. Each data sheet was scored.
8. Interitem correlation matrices were prepared for the 8 subscales. Each correlation matrix was examined to find out the number of items which had significant correlations, with a given item. The items were arranged in a hierarchical order, starting with the highest number of correlations to the lowest. The subscales of Self Acceptance, Self Actualisation, Causal Attribution to Self or External Forces and Social Desirability were rejected as they had very few items which correlated with at least half of the items of their respective subscales. The subscales of Personal Self-Esteem, Family Self-Esteem, Social Self-Esteem and Self Confidence had a larger number of items correlating with more than half of the items of their respective subscales. The first 20 items from the hierarchically arranged list in each of these 4 subscales were retained.

9. In an attempt to see if the same 4 aspects of self as validated by the judges would emerge, the data from the 4 subscales retained were subjected to principal factor analysis followed by orthogonal varimax rotation. Following Gorsuch (1974), a factor loading of .3 was considered significant to identify and define the factors. Twenty two factors emerged, covering 62.7% of the variance. The first 4 factors accounted for 31.9% of the variance. Factor I was termed as Personal Self-Esteem 'negative', factor II as Personal Self-Esteem 'positive', factor III as Social Self-Esteem and factor IV as Family Self-Esteem.
Only these 4 factors were retained as they covered the largest part of the total variance and more or less corroborated with the hypothesised scales. The other 18 factors together accounted for 30.0% of the variance with no factor covering more than 2.5% of the variance. Factors III and IV directly concurred with the aspects validated by the judges, whereas factors I and II failed to emerge as discrete factors. Items from both personal self-esteem and self confidence intermingled to form 'Personal Self Esteem 'positive' and 'Personal Self Esteem 'negative'.

The findings are in line with those of Vincent (1968) who states that tests purporting to measure self confidence and personal self among others are but measuring the same construct. The subscales were thus factorially validated. This resulted in the 80 item self-concept scale ready for the 2nd try out on a fresh sample.

10. The Self-Concept Scale was again administered to a fresh sample of 450 subjects fulfilling almost similar criteria that were employed in the first try out. Only 430 proformae were treated as valid. This data were also subjected to principal factor analysis with varimax rotation not only for purposes of revalidation of the Self-Concept Scale but also to examine the stability of factors across samples. As a result 22 factors emerged covering 63.45% of the variance. The first 4 factors again accounted for the major of the total variance (33.45%) while the remaining 18 factors together accounted for 30.0% of the variance.
Of the 4 factors considered, factor I was termed as Social Self-Esteem, factor II as Personal Self-Esteem 'negative' factor III as Family Self-Esteem and factor IV as Personal Self-Esteem 'positive'. The factors directly concurred with those that emerged in the first try out (though their order of emergence differed slightly) thereby revealing the stability of the factors across samples. The scales were thus factorially revalidated.

11. The data in the second try out were used to establish norms for the 4 subscales of the Self-Concept Scale. T scores were calculated for each of the raw score of the 4 subscales.

12. The Self-Concept Scale was tried out on a clinical sample of 30 neurotics and 30 schizophrenics. The two clinical groups portrayed a poorer self picture in all the 4 subscales as compared to the normative group. Between the two clinical groups the neurotics had lower scores on all the 4 subscales as compared to the schizophrenics, but on the scales of Personal Self-Esteem and Self Confidence the observed mean difference reached statistical significance. The scale was successful in discriminating the clinical from the normal population, thereby giving evidence for its clinical utility.

13. The content and construct validity of the tool were established to the extent possible. The procedures for validation were embedded in the process of tool
construction itself e.g., validation by the judges, factor analysis, the capacity of the tool to discriminate the normal and the clinical groups.

14. Forty five subjects from the II try out normative group were again administered the Self Concept Scale after 3 months. The test-retest reliability coefficients of the scales were calculated using the product moment correlation. All the 4 subscales had significantly high reliability coefficients of .79 and above.

To recapitulate, the aspects of social desirability, acquiescence response set, a common psychological metric, scaling, item overlap, factor analysis, reliability were considered during the study.